

SHOWSTOPPERS!

REGISTRATION FORM

Please fill in this form to book a place for your child
Please use a separate form for each child

VENUE _____

FROM _____

TO _____

CHILD'S FULL NAME _____

SEX: **M / F**

DATE OF BIRTH _____

SCHOOL _____

PLEASE REGISTER MY CHILD FOR SHOWSTOPPERS! PARENT'S/GUARDIAN'S SIGNATURE

PARENT'S/GUARDIAN'S FULL NAME

ADDRESS

PHONE NUMBER

I GIVE PERMISSION FOR MY CHILD'S AND MY DETAILS TO BE ENTERED ON THE CHURCH DATABASE.

YES / NO

I GIVE PERMISSION FOR MY CHILD'S PHOTOGRAPH TO BE TAKEN DURING THE CLUB (THE PHOTOGRAPHS
WILL BE USED FOR CHURCH PURPOSES ONLY, INCLUDING CHURCH MAGAZINES AND PRESS RELEASES)

YES / NO

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YES / NO